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23122 7590 02/09/2005

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P O BOX 980
VALLEY FORGE, PA 19482-0980**

05/10/2005 AKELECH2 00000081 09720300

01 FC:2501 700.00 OP
02 FC:8001 30.00 OP

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

| | |
|--------------------------|--------------------|
| Nicole M. Chatmon | (Depositor's name) |
| <i>Nicole M. Chatmon</i> | (Signature) |
| May 6, 2005 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/720,300 | 04/09/2001 | Hans R. Brunner | SSM-487US | 2492 |

TITLE OF INVENTION: INTERMITTENT COMPRESSION DEVICE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$700 | \$0 | \$700 | 05/09/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| OROPEZA, FRANCES P | 3762 | 600-016000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 RatnerPrestia

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

B.M.R.A. Corporation B.V.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rotterdam, THE NETHERLANDS

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

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- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-0350 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature *Christian M. Bauer*Date May 6, 2005Typed or printed name Christian M. BauerRegistration No. 51,443

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 5

| | |
|----------------------|------------------------|
| Application Number | 09/720,300 |
| Filing Date | April 9, 2001 |
| First Named Inventor | Hans R. Brunner et al. |
| Art Unit | 3762 |
| Examiner Name | Frances P. Oraopeza |
| Attorney Docket No. | SSM-487US |

ENCLOSURES (Check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Comments on Examiner's Reason for Allowance Issue Fee Transmittal (in dup) Return Receipt Postcard |
|--|--|--|
- Remarks:**

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

| | | | |
|--------------|--------------------|------------------|--------|
| Firm Name | RatnerPrestia | | |
| Signature | | | |
| Printed Name | Christian M. Bauer | | |
| Date | May 6, 2005 | Registration No. | 51,443 |

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|-------------------|------|-------------|
| Signature | | | |
| Typed or Printed Name | Nicole M. Chatmon | Date | May 6, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

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XXX-000

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/720,300
Applicant: Hans R. Brunner et al.
Filed: April 9, 2001
Title: INTERMITTENT COMPRESSION DEVICE
T.C./A.U.: 3762
Examiner: Frances P. Oraopeza
Confirmation No.: 2492
Docket No.: SSM-487US

COMMENTS ON EXAMINER'S REASONS FOR ALLOWANCE

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Commissioner for Patents
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Alexandria, VA 22313-1450

SIR:

The Examiner has identified specific features of the claims in the Examiner's Statement of Reasons for Allowance. Applicants' invention is defined by the entirety of each claim and not just by the specific features recited in the Reasons for Allowance.

Respectfully submitted,

Christopher R. Lewis; Reg. No. 36,201
Christian M. Bauer; Reg. No. 51,443
Attorneys for Applicant

CRL/CMB/nmc

Dated: May 6, 2005

P.O. Box 980
Valley Forge, PA 19482-0980
(610) 407-0700

The Assistant Commissioner for Patents is hereby authorized to charge payment to Deposit Account No. 18-0350 of any fees associated with this communication.

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Nicole M. Chatmon